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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-12)//
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HEADLINE: USS Elrod Corpsman Saves Injured Mariner

USS ELROD (NSMN) -- While on patrol in the Caribbean, USS
Elrod (FFG 55) came to the aid of a badly injured seaman aboard a
Cypriot freighter.

The operation began late in the morning of 25 February when
the Officer of the Deck heard an urgent request for assistance
broadcast on bridge-to-bridge radio from a nearby merchant ship.

Following the time-honored tradition of mariners everywhere,
Elrod immediately took steps to ensure that whatever help would
be needed was available.

Because of the distance between ships, the VHF
communications were difficult to understand. Fortunately, MAGNUM
450, Elrod's embarked helicopter, was already airborne on a
routine surveillance patrol. Moments after the initial call was
heard, MAGNUM was diverted to the freighter.

When the helicopter arrived on station, the aircrew was able
to quickly establish communications with the ship and determine
the extent of the problem. They were informed that the ship's
electrician had badly cut both his arms and had been discovered

unconscious. The ship, Motor Vessel Zou Zou, had changed course for nearest land, Jamaica, and was making best speed.

CDR Hubert Broughton, Elrod's commanding officer, decided that due to the deck configuration of the freighter, it would be unsafe to attempt to transfer Elrod's corpsman by helicopter. Instead, flank speed was rung up and an intercept course laid out. As the two ships closed on one another's position, preparations were made to quickly effect a safe transfer of the corpsman and his medical equipment.

When Elrod arrived alongside Zou Zou, the ships turned to form a lee and slowed to conduct the small boat transfer. As soon as conditions would allow, HMC(SW) Charlie Pifer was in the RHIB and en route.

Pifer stabilized the injured man, dressed his wounds and started restoring his fluids. The man had lost a significant amount of blood before he was discovered and many of his veins had collapsed. It was critical that his fluid level be replenished before more damage was done to his systems.

Slowly, the man started recovering. Within a couple of hours, he was sitting up and talking to his rescuers.

Broughton talked to Zou Zou's captain and to Pifer and decided that the best course of action would be to leave the injured man aboard Zou Zou for the trip to Jamaica. He was recovering enough that he would be able to safely make the six-hour transit to Kingston. Also, it would keep him from being jostled and possibly reopening his wounds while he was being transferred.

After he returned to Elrod, Pifer kept saying that he did nothing special. His actions were "just in a day's work."

RADM G.N. Gee, Elrod's operational commander at the time, was far less modest. "It is very clear that without Elrod's assistance, the crew member aboard Zou Zou probably would have expired; a life has been saved.

"Appreciation for an outstanding job is extended to Elrod's crew, members of MAGNUM 450 aircrew, embarked DET, and especially to Elrod's corpsman, obviously a professional in every sense of the word. Great job."

Story by STGC(SW) D. McCarroll, USS Elrod, reprinted from The Bow Hook, March 1994

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HEADLINE: Adak Corpsman Rescues Injured Shipmate

BRHOSP Adak, AK (NSMN) -- HM3 Michelle R. Bishop was awarded the Navy Achievement Medal this week for her resourcefulness and courage in providing care and assistance to an injured shipmate while assigned to Branch Hospital Adak, Alaska.

On 28 November 1993, Bishop and LT Anna M. Gruetzmacher began a recreational climb up the east approach of Mount Moffett in clear winter weather. Several hours into their ascent, they were forced to turn around when an unexpected, fast-moving low-pressure front, accompanied by snow, gale winds, low visibility and freezing temperatures, moved over Adak Island.

Shortly after starting their descent, Gruetzmacher slipped in an icy area, fell approximately 50 feet and struck a rock

boulder. She sustained multiple lower-body injuries. Bishop reacted swiftly, assessed the injuries to Gruetzmacher's back and lower extremities and provided first aid. In view of the remoteness of their location and the weather conditions, and recognizing the beginning signs of hypothermia, they realized that to continue down the mountain was their only option.

Bishop used available clothing to create splints and padding to facilitate Gruetzmacher's transport. Remaining calm and collected, Bishop alternated both "buddy" and the "back strap" carry techniques for more than four hours to move Gruetzmacher over three miles of rugged, downhill terrain during severe weather conditions.

It was after dark before Bishop got Gruetzmacher to their automobile and then to the hospital, where Bishop continued her support through an extended emergency room evaluation and treatment.

As a result of Bishop's heroic efforts and timely emergency treatment, neither of them suffered from exposure, and Gruetzmacher's injuries have quickly healed. Earlier this month, Bishop reported for cold weather training in Bridgeport, CA -- to which she brought some practical experience.

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HEADLINE: GW Medical Provides Advanced Lifesaving Training

USS George Washington (NSMN) -- Navy people involved in the medical care of their shipmates must continually train to keep their lifesaving skills finely honed. But a ship or deployable unit assignment can make acquiring that training a difficult task.

The medical department aboard USS George Washington (CVN 73) has taken the difficulty out of getting important training for doctors, dentists, physician assistants and corpsmen assigned to ships and shore stations in the Norfolk area.

Advanced cardiac life support, or ACLS, is an intensive 16-hour course designed to teach medical personnel how to care for patients who are having a heart attack and are in urgent need of sophisticated lifesaving measures.

Students learn to recognize dangerous and potentially fatal heart rhythms and the strategies for effectively treating them. Several hours are spent going over cardiac medications in great detail. Students are taught the proper manner of intubation (placing a breathing tube into the windpipe), which assists a patient who is not breathing. They also learn how to start intravenous catheters in the chest or neck of a heart attack victim, which aid in fluid replacement and the administration of emergency drugs.

Additional time is spent learning how to "shock" the patient -- that is delivering measured amounts of electricity to the patient to interrupt life-threatening heart rhythms. This training is done with the equipment (defibrillators) that would be used in an actual cardiac arrest.

Different medical and traumatic emergencies are discussed, including pediatric problems, to assist the medical providers in making correct lifesaving decisions.

To test their comprehension of the training, students are placed in a room and given a patient scenario of a critically ill person (called a megacode).

The tester generates heart rhythms on the defibrillator screen, and the student must correctly identify the rhythm and state the proper method of treating it. They will actually "shock" a mannequin, and the rhythm may change if they have given the proper medications and electricity. This test is an arduous opportunity for the students to demonstrate their knowledge.

George Washington is the first ship to offer this advanced medical training. It is usually taught in a hospital and is required training for all medical officers.

Many of the operational/fleet doctors locally had difficulty getting enrolled in the hospital training, so the GW medical department obtained authorization to conduct the classes on board.

As a result, in the last 18 months, the GW has certified more than 58 medical personnel in this important skill. Students have come from commands all over the Hampton Roads (VA) area, including Naval Surface Force Atlantic, Naval Air Force Atlantic, Naval Submarine Force Atlantic, Navy Environmental Health Center, Naval Medical Center Portsmouth, Fort Eustis and Langley Air Force Base.

In addition, George Washington is able to train its own ACLS instructors. Having instructors from the fleet will make training more independent of the hospital.

GW medical currently plans to offer ACLS training to all GW corpsmen in preparation for the upcoming Mediterranean deployment that starts this spring.

The Navy Medical personnel who provide this training aboard George Washington know that their efforts may save lives sometime in the future ... lives of people they may never even know.

Reprinted from The Flagship, 7 April 1994

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HEADLINE: NMC Oakland Receives Accreditation with Commendation

NMC Oakland, CA (NSMN) -- In a welcome move that reversed its decision eight months ago, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently awarded Naval Medical Center Oakland (NMC O) full accreditation with commendation for a period of three years, with a grid score of 98 out of 100.

In May 1993, NMC O had cause for celebration when it achieved a grid score of 97 out of 100. Although the JCAHO decision report was nearly faultless, a perceived deficiency related to life-safety standards prevented the coveted accreditation with commendation. The decision was immediately challenged by NMC O's commander and executive officer, who asked the Chicago-based organization to reevaluate the report.

After careful reevaluation and months of consideration, the JCAHO deleted the deficiency from its survey and notified the command of the Commission's decision to increase NMC O's grid score and award full accreditation with commendation.

"A 98 percent with commendation is extremely rare," beamed

CAPT David Snyder, MC, NMCO's executive officer. "It's hot stuff. It's the highest score ever achieved by any Navy medical center. Our fine staff has every reason to be proud of its unprecedented accomplishment."

In fact, the Medical Center commander, RADM Frederic Sanford, MC, added that the score raised the average of all of Navy medicine. "The surgeon general of the Navy was especially pleased," he said. "NMCO's final survey results boosted the Navy average for all its facilities to 90, which is extraordinary."

Story by Andree Marechal-Workman

Editors Note: Requested strictly on a voluntary basis, the JCAHO survey is conducted every three years at civilian hospitals and military medical treatment facilities to evaluate the quality and appropriateness of care being rendered. The survey team is made up of civilians -- a physician, a nurse, an administrator and other specialists appropriate to the facility being surveyed.

According to a JCAHO spokesperson, only 3.9 percent of approximately 1,700 hospitals surveyed in 1992 (the most recent year for which annual statistics are available) received accreditation with commendation. The average grid score for civilian facilities in 1992 was 80.9.

-USN-

HEADLINE: Naval Hospital Scores Big on Recent IG

NAVHOSP Camp Lejeune, NC (NSMN) -- Naval Hospital Camp Lejeune underwent an inspection by Navy Medical Inspector General (IG) RADM W. Snell, DC, and his team of 20 inspectors from 7 to 15 March.

The purpose of the inspection is to assess the effectiveness of the naval hospital in meeting its mission and functions. The scope was comprehensive in nature, including clinical and resource management, access to care, patient satisfaction, quality and quantity of health care provided, and leadership. Commands are either rated "satisfactory" or "unsatisfactory."

Naval Hospital Camp Lejeune passed with a grade of satisfactory, but there's much more to the story. While the entire hospital was commended by the IG team, many areas and staff members were recognized formally and informally for their outstanding efforts and noteworthy accomplishments. Receiving formal "Bravo Zulu" recognition were:

- the Education and Training Department for its innovative use of electronic mail, which significantly enhanced training;
- the Orthopedic Department for its innovative approach and enthusiasm in providing improved access to quality medical care;
- the OB/GYN midwifery staff for the successful Navy Nurse Midwifery Demonstration Project;
- the Surgery Clinic for its proactive, customer-oriented approach to the delivery of quality patient care and a genuine commitment to patient education;
- the Breast Clinic for outstanding patient-centered concept that addresses vital women's health issues in a timely and sensitive manner;
- the Fiscal Department's implementation of the Medical Expense Reporting System and the Third Party Collection Program;

-- the Stock Fund Warehouse for improving the efficiency and effectiveness of warehouse operations;

-- the Branch Medical Clinic Camp Geiger for its outstanding operation and obvious teamwork in all aspects of patient care; and

-- the Management Information Department for their superb customer service and "can-do" attitude.

At the conclusion of the outbrief, Snell personally offered his thanks for the hospitality shown to him and his inspection team while at Camp Lejeune. But, more importantly, he assured Marine Corps Base Camp Lejeune that "you can be confident that the service and support mission of Naval Hospital Camp Lejeune is being effectively accomplished within the facilities and resources available."

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HEADLINE: NMRDC Closer To Universal Donor Blood

NMRDC Bethesda, MD (NSMN) -- The Navy Medical Research and Development Command is currently supporting clinical trial of transfusion therapy using type B red blood cells enzymatically converted to type O -- universal donor -- red blood cells. Converted red cells are used in the same way as native type O cells are used.

The Food and Drug Administration-approved Phase I clinical trials at the New York Blood Center and the General Clinical Research Center of the Rockefeller University Hospital are to assess immune response in volunteers and establish optimal treatment conditions for producing enzymatically converted red blood cells. These trials are almost complete.

Positive results from the research and clinical trial will not only provide a method to develop a continuous supply of type O red blood cells -- cells that may be transfused to recipients of any blood type -- but also will make greater use of existing supplies of blood types A and B, which sometimes go unused and must be discarded.

Through the use of enzymatically converted type O red blood cells, it will be possible to stockpile, by freeze preservation, a single universal donor blood group for military emergencies. This would eliminate shortages of blood due to blood group incompatibility, eliminate the necessity for separate storage facilities for supplies of four different blood groups, and reduce the requirements for blood typing under operational conditions.

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HEADLINE: Public Service Recognition Week Set for 2-8 May

AFIS Washington (NSMN) -- Thousands of Department of Defense employees will take part in Public Service Recognition Week activities, set this year for 2-8 May.

Sponsored by the Public Employees Roundtable, the week seeks to educate citizens about the contributions public employees make to the country.

Officials said more than 1,000 cities in the United States, Puerto Rico and the Virgin Islands will participate in the

celebrations. The week highlights work of local, state and federal employees.

The biggest celebration is in Washington. Public employees will take over a portion of the Washington Mall near the U.S. Capitol, 5-8 May. The Department of Defense has a large section of the public display. Aircraft, tanks and armored personnel carriers highlight the exhibits. The Navy Medical Department's exhibit will include a demonstration of the multi-media medical translator, which personnel from the Navy's Fleet Hospital 6, on duty in Zagreb, Croatia, are using to communicate with patients who speak a different language from the health care provider.

The military will also participate in many local celebrations. Atlanta, the state of Florida, Houston, Oklahoma City and Los Angeles also host large celebrations during the week.

For more information, call the Public Employees Roundtable at (202) 927-5000.

Story by American Forces Information Service

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HEADLINE: Grand Round Abstracts

USNH Guantanamo Bay, Cuba (NSMN) -- LT Susan Hite, MSC, was honored at a luncheon 30 March as the 1994 Federal Woman of the Year, Guantanamo Bay, Cuba. Hite, a dietician at U.S. Naval Hospital Guantanamo Bay, was selected for her involvement in the community.

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USNR New York (NSMN) -- Roger W. Triftshauser is both a dental corps rear admiral in the U.S. Naval Reserves and a legislator for Genesee County, New York. During the third annual "County Government Week," beginning 18 April, Triftshauser found an opportunity to combine his civilian and Navy careers as head of the committee arranging a number of events, including a county health fair, supporting the theme "Genesee County Loves You Healthy."

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BUMED Washington (NSMN) -- LT Carol Wilhelmi, head of Personnel Services in the Bureau of Medicine and Surgery's Administrative Division, returned from a volunteer mission to Romania on 15 March.

Wilhelmi left on her second trip to Arad, Romania, on 28 February, where she is helping the Soteria Clinic establish medical records for its patients -- a new concept for the Romanians. Romanian Christian Enterprises, an organization established by Wilhelmi's church, McLean Presbyterian, in Great Falls, VA, sponsors volunteers to Romania.

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BUMED Washington (NSMN) -- HM1 Lisa M. Olson, stationed at the Bureau of Medicine and Surgery, is one of 800 Washington-area volunteers with HOPE worldwide, ltd. HOPE, which stands for Helping Other People Everywhere, has health care projects in many

developing countries around the world. It also focuses especially on child health needs and has experienced success in a number of areas. One area is that of child immunizations, and HOPE worldwide will have projects underway in Washington, Philadelphia, Miami, Orlando, New York and Boston in support of National Pre-School Immunization Week, 23-30 April.

HOPE worldwide is an international charity supported by the International Churches of Christ. For more information, or to volunteer, call HOPE headquarters in Philadelphia at (215) 254-8803.

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NMCRS Washington (NSMN) -- The 1994 Navy-Marine Corps Relief Society fund drive begins 4 May and runs through 6 June. This year's theme is "Your Financial Contribution Stays in the Family." Commands are encouraged to actively participate in the fund drive for NMCRS, an organization that will celebrate its 20th year of helping Sailors and Marines in 1995.

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AHA Chicago (NSMN) -- National Hospital Week is 8-14 May. To support this year's theme, "Building a Healthy Tomorrow Today," the American Hospital Association has prepared a National Hospital Week Planning Guide to help health care facilities take advantage of this special opportunity to reach out into their communities. Navy hospital public affairs officers should call AHA at (312) 280-6350 if they did not receive this comprehensive guide.

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HEADLINE: HEALTHWATCH: Watch the Solar Eclipse -- Safely!

PBA Schaumburg, IL (NSMN) -- If you're planning to catch a glimpse of the 10 May 1994 annular solar eclipse, DON'T -- repeat DON'T. Looking directly at the sun -- even for a short time -- is very dangerous and may actually burn the retinas of your eyes.

A solar eclipse occurs when the moon passes between the sun and the earth. In an annular solar eclipse, the moon is too far away from the earth to completely cover the surface of the sun. The result is either a partial eclipse or a ring of sun surrounding the moon.

Observing this natural event is exciting. But if you don't protect your eyes, you're risking irreversible damage to your sight.

Looking directly at the sun can burn your eyes' retinas, the delicate layer of cells that sends visual images to your brain. Retinal burns, also known as solar retinopathy or retinal scarring, can result in severe and permanent vision loss. And since the retina does not feel pain, a burn can occur without your even realizing it. Once a burn happens, nothing can be done to repair the sight lost.

SUBHEAD: Don't Believe What Others Tell You

There may be people who will tell you that you can watch a solar eclipse directly if you wear UV (ultraviolet) protected

sunglasses or welder's goggles, or view the eclipse through exposed photographic film. That's simply not true.

It is especially dangerous to look at an eclipse through a camera viewfinder, a telescope or binoculars. These instruments concentrate the sun's rays, making them even more powerful and dangerous.

SUBHEAD: The Safe Way to View an Eclipse

You don't have to miss out on viewing this natural event, however. There are safe ways to enjoy the eclipse. You can watch it on television, participate in a professionally sponsored eclipse watch (usually handled by the local planetarium, museum or university), or watch it indirectly -- repeat indirectly -- with a simple device called a "pinhole camera."

SUBHEAD: Creating a 'Pinhole Camera'

A pinhole camera is simply a covered box with a "viewing port" that's used to watch the eclipse safely. You can build your own pinhole camera by carefully following the instructions below. You'll need: a large cardboard box with a top (12"x12"x12" or larger); aluminum foil; a sheet of white paper; tape; scissors; and a pin.

- Cut a 1" hole in the top center of one side of the box.
- Cut out a 2"x5" viewing port at the bottom center of the same side.
- Tape a piece of aluminum foil over the 1" hole.
- Take a pin and poke a hole in the foil.
- Tape a sheet of white paper on the inside of the box, on the side opposite the pin hole.
- STAND WITH YOUR BACK TO THE SUN.
- Hold the box over your head with the pin hole facing the sun.
- Watch the eclipse through the viewing port. It will be reflected on the white paper.

SUBHEAD: Where Will the Eclipse Be Most Visible?

The eclipse will be visible during the day in most of North America, lasting about three hours from the time the moon first begins to cover the sun's surface until no portion of the moon any longer blocks the sun.

People who live in the central path of the eclipse, which runs from Mexico to Maine, will be able to see an annular solar eclipse. Those outside of this path will be able to see only a partial eclipse. To find out what time the eclipse will be visible in your area, call your local planetarium, astrological club or science center.

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Editors Note: This fact sheet was produced in association with a coalition of 10 astronomical and eye care organizations. They are: American Academy of Ophthalmology; American Association of Physics Teachers; American Astronomical Society; American Optometric Association; Astronomical Association of Northern California; Astronomical League; Astronomical Society of the Pacific; National Planetarium Council; National Safety Council;

and Prevent Blindness America.

Prevent Blindness America is the nation's leading eye health and safety organization dedicated to saving sight. Founded in 1908, Prevent Blindness America and its nationwide network of affiliates and divisions serves millions of people each year through public education, community programs and research. For information on vision, eye health and safety, call 1-800-331-2020.

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3. Month of April observances and events occurring 20-30 April:
APRIL

Month of the Military Child
National Child Abuse Prevention Month -- "Choose Not to Abuse"
Cancer Control Month
National Alcohol Awareness Month
National Occupational Therapy Month
Youth Suicide Prevention Month
Keep America Beautiful Month
National Humor Month
Home Improvement Month
Mathematics Education Month
22 April: Earth Day
23-30 April: National Pre-School Immunization Week
23 April: Book Day
24 April 1800: Congress approved act giving birth to the Library of Congress
25 April: Medical ECP Board Convenes
27 April: Secretaries Day
28 April: Night Detailing until 2200 Eastern Daylight Time
30 April: E-9 Evaluations Due

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